

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 3393 Registrar's No. 123

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD**

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 24 1955

AUG 24 1955

SEP 24 1955

NOV 24 1955

FEB 28 1956

SEP 24 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence Kolchou*

Licensed Embalmer No. *309*

P. O. Address *7128 Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.